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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 10/800001		CITY OR TOWN SAC	JGUS
APPLICATION FOR	RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BW-SAUGUS LLC			
DOING BUSINESS A	A BUFFALO WILD V	WINGS GRILL & B	AR	
ADDRESS 180 MAI	N STREET			
CITY/TOWN: SAU	GUS	STATE: MA	ZIP CODE: 019	906
MANAGER: HODO	GSON, BRAD TYPE	OF LICENSE: Rest	aurant CATEG	GORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMISE	S:		
=			STOOLS AND 48 OUT LOCKED STORAGE A	
I hereby certify and sv	wear under penalties of	perjury that:		
1. the renewe	ed license will be of the	e same type for the s	same premises now licens	sed;
2. the license	e has complied with al	l laws of the Commo	onwealth relating to taxe	s; and
3. the premis	es are now open for bu	siness (If not explai	in below)	
SIGNED BY:			0.00	
	Individual, Partner or	Authorized Corpor	rate Officer	
DATE				
DATE:	TELEPHONE	NUMBER:		TIFICATION NUMBER:
			(Note. NOT individual	Social Security Number)
			certificate required by	
			of the fire department to quired by Chapter 116	
	erinicate of nquor na	billy insurance re-		
Please Check Below: APPROVED:			LOCAL LICENSING	AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	in)			
_				
			-	
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 107800002		CITY OR TOWN	SAUGUS	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 44 BRO	A RISTORANTE DO	NATELLO			
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: BER MAI	· · · · · · · · · · · · · · · · · · ·	OF LICENSE:R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE				
	E DINING ROOM, KI' LOOR; FUNCTION RO				BAR
<ol> <li>the renew</li> <li>the licens</li> </ol>	wed license will be of the see has complied with all ses are now open for bu	e same type for the laws of the Cor	nmonwealth relating t		
SIGNED BY:	Individual, Partner or	r Authorized Cor	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYEI (Note: <u><b>NOT</b></u> Inc	R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the he	ad of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	.07800003		CITY OR TO	WN SAUGUS	
APPLICATION FOR R	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: F	OLCARI'S INC.				
DOING BUSINESS A	POLCARI'S				
ADDRESS 92 BROAD	OWAY				
CITY/TOWN: SAUG	US	STATE: MA	ZIP COD	E: 01906	
MANAGER: BARRE WILLIA	,	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
FIVE ROOMS WITH I	ENCLOSED BAR A	REA AND WAIT	TING AREA		
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	e same premises	now licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relat	ing to taxes; and	
3. the premises	s are now open for bu	isiness (If not exp	lain below)		
SIGNED BY:					
]	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
			(Note: <u>NO</u>	T Individual Social S	Security Number)
We the undersigned,	attect that we are in	nossession (1) tl	ne certificate re	anired by Chant	ter 304 of the
Acts of 2004, signed b					
license and (2) the cer	tificate of liquor lia	bility insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
D 4 TIP			-		
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107800004		CITY OR TOWN	SAUGUS
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	A	ESTAURANT INC		
ADDRESS 114 BRC				
CITY/TOWN: SAU	JGUS	STATE: M.	A ZIP CODE:	01906
MANAGER: KAR ANT	APATSAS, TY HONY	PE OF LICENSE:	Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF				
ONE STORY REST ENTRENCES AND		BUILDING CONS	SISTING OF 10,000 S	Q. FT. WITH TWO
	ses are now open for			
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building in	spector and the h	ead of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107800006		CITY OR TOWN	SAUGUS	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	EVOS GROUP INC. A SULLY C'S BAR & DADWAY	GRILL			
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE:	01906	
	IMLI, TYPE EYMAN	OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
RESTAURANT,BA LOT AND ONE TO	R AND LOUNGE HAV REAR	VING ENTRANC	ES IN FRONT AND	SIDE TO PA	ARKING
2. the licens	red license will be of the ee has complied with al ses are now open for bu Individual, Partner or	l laws of the Com- siness (If not expl	monwealth relating t		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT lividual Social Se	
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107800007		CITY OR TOWN	SAUGUS
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 181 BRO	A 99 RESTAURANT	-PUBS		
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE:	01906
	DON, TYPE	OF LICENSE: Res	staurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE DING, ONE LARGE R IREA		NG THE RESTAU	RANT AND
2. the licens	red license will be of the ee has complied with al ses are now open for bu  Individual, Partner or	Il laws of the Commusiness (If not expla	nonwealth relating to	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed	d by the building insp	ector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800008	CITY	OR TOWN SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: CONTINENTAL RESTAU DOING BUSINESS A CONTINENTAL ADDRESS 266 BROADWAY	RANT OF SAUGU	S INC	
	TE: MA ZII	P CODE: 01906	
	CENSE: Restaurant		All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDR	RESS	
DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR: TWO DINING RMS AND ONE DINING RMS AND ONE COCKTAIL LOUNGE			: TWO
the licensee has complied with all laws     the premises are now open for business  SIGNED BY:  Individual, Partner or Author	of the Commonweal (If not explain below	lth relating to taxes; and w)	
DATE: TELEPHONE NUMI		EMPLOYER IDENTIFICAT	
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability	ession (1) the certifi and the head of the	cate required by Chapto fire department for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOC By:	AL LICENSING AUTHO	ORITY
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 107800010		CITY OR TOWN SAU	UGUS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: ROMA RES	TAURANT GROUP LLO		
DOING BUSI	NESS A BISTRO O	NE		
ADDRESS 11	4 BROADWAY			
CITY/TOWN:	SAUGUS	STATE: MA	ZIP CODE: 019	906
MANAGER:	OLIVIERO, ANTHONY	TYPE OF LICENSE: R	estaurant CATEO	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P			
	OOMS. 1 ENTRANC		OUNGE AREA KITCHEN Γ AND EXITS IN REAR. (	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licen	sed;
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating to taxe	es; and
3. the	premises are now op-	en for business (If not exp	plain below)	
SIGNED BY:		artner or Authorized Cor	poroto Officer	
	marviduai, P	arther of Authorized Cor	porate Officer	
DATE:	TEI EI	PHONE NUMBER:	EMPLOYER IDEN	VITIFICATION NUMBER:
	IELEI	FHONE NUMBER.		l Social Security Number)
<b>11</b> 7 41 1		• 40	1 4.00 4 . 11	CI 4 204 64
			he certificate required by ad of the fire department	
			required by Chapter 116	
Please Check Bel			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a expiain)			
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 107800011		CITY OR TOWN	SAUGUS	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: PRINCE ITALIA	AN FOODS SAUGUS	, INC.		
DOING BUSI	NESS A PRINCE REST	AURANT			
ADDRESS 51	7 BROADWAY				
CITY/TOWN:	: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER:	CASTRABERTI, T'STEVEN V.	YPE OF LICENSE:Re	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		1
	N OF LICENSED PREM				
ONE FLOOR-	TWO ROOMS, SERVIC	E AND STORAGE A	AREAS.		
I hereby certify	y and swear under penalti	es of perjury that:			
1. the	renewed license will be o	of the same type for the	e same premises now	licensed;	
2. the	licensee has complied wi	th all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	lividual Social So	ecurity Number)
Acts of 2004,	rsigned, attest that we a signed by the building i 2) the certificate of liquo	inspector and the hea	d of the fire departi	ment for the	above named
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	d explain)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800012		CITY OR TOWN	SAUGUS
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: New Ki-Yu-	Ya, Inc		
DOING BUSINESS A Sake Japan	ese Restaurant		
ADDRESS 670 BROADWAY			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906
MANAGER: Chen, Chien Ming	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PI	REMISES:		
FIRST FLONE KITCHEN, ONE EMPTY ROOM. CELLAR FOR S		E SUSHI BAR. SEC	COND FLONE
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now	licensed;
2. the licensee has complie	d with all laws of the Comr	nonwealth relating to	taxes; and
3. the premises are now op	en for business (If not expla	ain below)	
SIGNED BY:			
Individual, F	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that v	we are in possession (1) th	e certificate require	ed by Chapter 304 of the
Acts of 2004, signed by the build	ing inspector and the head	l of the fire departi	nent for the above named
license and (2) the certificate of l	iquor liability insurance r	equired by Chapte	r 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			·
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  CLASS  YEA  LICENSED FOR 2013  YEA  LICENSEE NAME: HIGH COUNTRY INVESTOR, INC.  DOING BUSINESS A HILLTOP STEAKHOUSE & MARKETPLACE	
LICENSEE NAME: HIGH COUNTRY INVESTOR, INC.	
,	AR
DOING BUSINESS A HILLTOP STEAKHOUSE & MARKETPLACE	
ADDRESS 855 BROADWAY	
CITY/TOWN: SAUGUS STATE: MA ZIP CODE: 01906	
MANAGER: DEROSA, TYPE OF LICENSE:Restaurant CATEGORY: All LEONARD M.	l Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR; THREE DINING ROOMS, ONE ENCLOSED BAR, KIT CHEN, OFFICE, STORA AND PORCH. SECOND FLR; TWO DINING ROOMS, ONE LOUNGE, ONE KITCHEN, TWO OFFICES, RESTROOMS AND STORAGE AREA. CELLAR FOR STORAGE	<b>.</b> GE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY:	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER. EMPLOYER IDENTIFICATION	NIIMBER:
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securit	
(Note: NOT Individual Social Securit	ity Number)
(Note: NOT Individual Social Securit  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30	ity Number) <b>04 of the</b>
(Note: NOT Individual Social Securit	04 of the ove named
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 30 Acts of 2004, signed by the building inspector and the head of the fire department for the above	04 of the ove named s of 2010.
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 36 Acts of 2004, signed by the building inspector and the head of the fire department for the abolicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts    Please Check Below:   LOCAL LICENSING AUTHORITY	04 of the ove named s of 2010.
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 36 Acts of 2004, signed by the building inspector and the head of the fire department for the abolicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts    Please Check Below:	04 of the ove named s of 2010.
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 36 Acts of 2004, signed by the building inspector and the head of the fire department for the abolicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts    Please Check Below:   LOCAL LICENSING AUTHORITY	04 of the ove named s of 2010.
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 36 Acts of 2004, signed by the building inspector and the head of the fire department for the abolicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts    Please Check Below:	04 of the ove named s of 2010.



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800014	C	ITY OR TOWN	SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BOLAND GROUP	I,LLC			
DOING BUSINESS A FUDDRUCKER'S				
ADDRESS 910 BROADWAY				
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: BOLAND, JAMES TYPE	E OF LICENSE:Restat	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
	BSITE AND ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PREMISI				
ON STREET LEVEL, ONE LARGE DINI KITCHEN AND TWO STORAGE AREA		ALL DINING RO	OOM, ONE	
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the	ne same type for the same	me premises now	licensed;	
2. the licensee has complied with a	all laws of the Common	nwealth relating to	taxes; and	
3. the premises are now open for b	ousiness (If not explain	below)		
SIGNED BY:		O SC		
	or Authorized Corporat	te Officer		
	or Authorized Corporat	te Officer		
Individual, Partner o			IDENTIFICAT	ION NI IMBER
				ION NUMBER: ecurity Number)
Individual, Partner of DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	ividual Social So	ecurity Number)
Individual, Partner o	E NUMBER: in possession (1) the c	EMPLOYER (Note: <b>NOT</b> Ind	ividual Social So	er 304 of the
DATE: TELEPHONE  We the undersigned, attest that we are i	E NUMBER: in possession (1) the coector and the head of	EMPLOYER (Note: NOT Indestificate requires	ividual Social S	ecurity Number) er 304 of the above named
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:	E NUMBER: in possession (1) the conceptor and the head of ability insurance requires	EMPLOYER (Note: NOT Indestificate requires	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:	E NUMBER: in possession (1) the co pector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires for the fire departs uired by Chapter	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the co pector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires for the fire departs uired by Chapter LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:	E NUMBER: in possession (1) the co pector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires for the fire departs uired by Chapter LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the co pector and the head of ability insurance requ	EMPLOYER (Note: NOT Indestriction requires for the fire departs uired by Chapter LOCAL LICENS	ed by Chapte nent for the r 116 of the	er 304 of the above named Acts of 2010.



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10/800015	C	ITY OR TOWN SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: Mandarin House L	LC		
DOING BUSINESS A Kowloon Restaur.	ant		
ADDRESS 948 BROADWAY			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: Wong, Donald TYP	PE OF LICENSE: Restau	category:	All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
1ST FLR; EIGHT DINING ROOMS, TW FLR; TWO FUNCTION ROOMS . REN			EN. 2ND
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the sar	ne premises now licensed;	
2. the licensee has complied with	all laws of the Commor	nwealth relating to taxes; and	
3. the premises are now open for	business (If not explain	below)	
SIGNED BY:			
Individual, Partner	or Authorized Corporat	e Officer	
D 4 777			
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are			
Acts of 2004, signed by the building inslicense and (2) the certificate of liquor			
-	-	-	
Please Check Below: APPROVED:		LOCAL LICENSING AUTHO	ORITY
DISAPPROVED:	]	By:	
(If disapproved explain)			
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800016	CITY OR TOWN SAUGUS
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: MIDWEST GRILL NORTH INC	
DOING BUSINESS A	
ADDRESS 910 BROADWAY	
CITY/TOWN: SAUGUS STATE: 1	MA ZIP CODE: 01906
MANAGER: PINTO, GILMAR TYPE OF LICENSI	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
4000 SF RESTAURANT WITH SEATING FOR 180	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	_
<ul><li>2. the licensee has complied with all laws of the G</li><li>3. the premises are now open for business (If not</li></ul>	
5. the premises are now open for business (if not	explain below)
SIGNED BY:	
Individual, Partner or Authorized (	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
I ELEPHONE NUMBER:	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named
We the undersigned, attest that we are in possession (	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant Please Check Below:	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named
We the undersigned, attest that we are in possession ( Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named nce required by Chapter 116 of the Acts of 2010.
We the undersigned, attest that we are in possession ( Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant   Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named nce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession ( Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant please Check Below:  APPROVED:	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named nce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession ( Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant   Please Check Below:  APPROVED:  DISAPPROVED:	(Note: NOT Individual Social Security Number)  1) the certificate required by Chapter 304 of the head of the fire department for the above named nce required by Chapter 116 of the Acts of 2010.  LOCAL LICENSING AUTHORITY



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10/800020		CITY OR TOWN SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: Triangle Enterta DOING BUSINESS A Maddy's	uinment, LLC		
ADDRESS 1639 BROADWAY			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: Mui, Peter	ΓΥΡΕ OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
AS SHOWN IN PROPOSED LAYOU	JT PLAN SUBMITTED	10/19/06	
I hereby certify and swear under penal			
1. the renewed license will be	• •	•	
2. the licensee has complied v		•	
3. the premises are now open	for business (If not explain	in below)	
SIGNED BY: Individual, Part	ner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10/800021		CITY OR TOWN SAUGUS	)
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: EASTERN PA	RTNERS INC.		
DOING BUSINESS A OUT OF ASI	A		
ADDRESS 1268 BROADWAY			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: LANCE, AMY	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
ENTIRE SECOND FLOOR OF PREI	MISES CONSISTING O	F 4000 SQ FT.	
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the	same premises now licensed;	
2. the licensee has complied v	with all laws of the Comn	nonwealth relating to taxes; and	i
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY:			
	tner or Authorized Corpo	rate Officer	
DATE: TELEBI	IONE MANDED	EMPLOYER IDENTIFICA	ATION NUMBER:
TELEPH	IONE NUMBER:	(Note: NOT Individual Social	
			,
We the undersigned, attest that we			
Acts of 2004, signed by the building license and (2) the certificate of liqu			
-	nor nability insurance is	equired by Chapter 110 of th	e Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE.			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 10/800023	•	CITY OR TOWN SAUGUS	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NAI	ME: MELROSE FIS	H & GAME CLUB, INC.		
DOING BUSIN	ESS A			
ADDRESS REA	AR CHEEVER AVE.			
CITY/TOWN:	SAUGUS	STATE: MA	ZIP CODE: 01906	
	GLOVER, T KENNETH	ΓΥΡΕ OF LICENSE: Club	CATEGORY: All Alcol	nol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
FIRST FLOOR- AND SERVICE		RAGE, LOBBY AND BA	R SECOND FLOOR-KITCHEN, BAR	
I hereby certify a	and swear under penal	ties of perjury that:		
1. the re	enewed license will be	of the same type for the same	ame premises now licensed;	
2. the li	censee has complied w	vith all laws of the Commo	onwealth relating to taxes; and	
3. the p	remises are now open	for business (If not explain	n below)	
SIGNED BY:				
	Individual, Part	ner or Authorized Corpora	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMB	ER:
			(Note: NOT Individual Social Security Number	er)
Acts of 2004, si	igned by the building	inspector and the head	certificate required by Chapter 304 of t of the fire department for the above nar quired by Chapter 116 of the Acts of 20	ned
Please Check Below	<u>v:</u>		LOCAL LICENSING AUTHORITY	
APPROVED:			By:	
DISAPPROVEI				
(If disapproved of	explain)			
DATE:				
APPLICATION FOR R	RENEWAL MUST BE FILED E	BY LICENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 10/800024		CITY OR TO	WN SAUGUS	
APPLICATIO	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: APPLE NEW	ENGLAND LLC			
DOING BUSI	NESS A APPLEBEE'	S NEIGHBORHOOD (	GRILLE & BAR		
ADDRESS 21	4 BROADWAY				
CITY/TOWN:	SAUGUS	STATE: MA	ZIP COD	E: 01906	
MANAGER:	GOUVEIA, JENNIFER	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PRI				
PUBLIC ENT		N, DINING ROOM AN SIDE EMERGENCY E D RESTROOMS			
I hereby certify	y and swear under pena	alties of perjury that:			
1. the	renewed license will b	be of the same type for the	he same premises	now licensed;	
2. the	licensee has complied	with all laws of the Cor	nmonwealth rela	ting to taxes; and	
3. the	premises are now open	n for business (If not ex	plain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPI	OYER IDENTIFICA	TION NUMBER:
	I ELEPI	HONE NUMBER:		<b><u>OT</u></b> Individual Social S	
We the under	esianad attact that we	e are in possession (1)	the certificate re	anired by Chan	tar 301 of the
Acts of 2004,	signed by the buildin	ng inspector and the he	ad of the fire de	partment for the	above named
license and (2	2) the certificate of liq	quor liability insurance	e required by Ch	apter 116 of the	Acts of 2010.
Please Check Belo			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	ı expiaiii)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 10/800025		CITY OR TO	WN SAUGUS	
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	COLUMBUS BU	JILDING ASS., INC.			
DOING BUSINESS	A KNIGHTS OF	COLUMBUS			
ADDRESS 1 K OF C	C DR.				
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE	01906	
	ARDO, T LTER C.	YPE OF LICENSE:Cl	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
FIRST FLOOR-TWO	O ROOMS AND A	A BAR, BASEMENT-T	ΓWO ROOMS A	ND A BAR.	
I hereby certify and s	-				
		of the same type for the			
2. the license	ee has complied wi	ith all laws of the Com	monwealth relati	ng to taxes; and	
3. the premis	ses are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA	
			(Note: NO	Individual Social S	Security Number)
		re in possession (1) th			
		inspector and the hea or liability insurance i			
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)				
DATE.			-		
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 10/800026		CITY OR TOWN SAUC	303
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	BAKED CORP.			
DOING BUSINESS	A SPUD'S RESTAU	JRANT & PUB		
ADDRESS 22 LINC	OLN AVE.			
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE: 0190	6
MANAGER: HAV	VLEY, STACEYTYI	PE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
ONE FLOOR-ONE	DINING ROOM, KI	TCHEN AND LOUN	GE	
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now license	d;
2. the licens	ee has complied with	all laws of the Comm	nonwealth relating to taxes;	and
	-	business (If not expla	_	
SIGNED BY:				
SIGNED DI:	Individual, Partner	or Authorized Corpo	rate Officer	
	,			
DATE:	TELEBRION	TE NII IN ADED	EMPLOYER IDENT	IFICATION NUMBER:
<b>51112.</b>	TELEPHON	IE NUMBER:	(Note: NOT Individual S	
			· -	,
			certificate required by C	
			of the fire department for equired by Chapter 116 o	
, ,	certificate of fiquor	nability insurance re	equired by Chapter 1100	the Acts of 2010.
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	alli)			
DATE				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	SAUGUS	
APPLICATION FOR RENEWAL: Annual	LICEN	ISED FOR 20	13
CLASS			YEAR
LICENSEE NAME: CHURCH ST CREOLE CAFE, INC.			
DOING BUSINESS A BORDER CAFE			
ADDRESS 356 BROADWAY			
CITY/TOWN: SAUGUS STATE: MA	ZIP CODE:	01906	
MANAGER: CRAY, BRIAN TYPE OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:			
7350 S.F. RESTAURANTONE FLOORSEATING FOR AREA	275 WITH 584 S.F.	OUTSIDE SE	CATING
I hereby certify and swear under penalties of perjury that:			
1. the renewed license will be of the same type for t	he same premises nov	v licensed;	
2. the licensee has complied with all laws of the Con	mmonwealth relating	to taxes; and	
3. the premises are now open for business (If not ex	plain below)		
SIGNED BY:			
SIGNED BY: Individual, Partner or Authorized Con	porate Officer		
	porate Officer		
Individual, Partner or Authorized Con	porate Officer		
	EMPLOYE	R IDENTIFICAT	
Individual, Partner or Authorized Con	EMPLOYE	R IDENTIFICAT dividual Social Se	
Individual, Partner or Authorized Con	EMPLOYE (Note: <u>NOT</u> In  the certificate required of the fire depart	dividual Social	er 304 of the above named
DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he	EMPLOYE (Note: <u>NOT</u> In  the certificate required of the fire depart	dividual Social	er 304 of the above named Acts of 2010.
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1)  Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance  Please Check Below:  APPROVED:	EMPLOYE (Note: <u>NOT</u> In  the certificate required of the fire departed by Chapte	dividual Social	er 304 of the above named Acts of 2010.
DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYE (Note: NOT In  the certificate required of the fire departer required by Chapter LOCAL LICEN	dividual Social	er 304 of the above named Acts of 2010.
Individual, Partner or Authorized Condition  DATE: TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1)  Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance  Please Check Below:  APPROVED:	EMPLOYE (Note: NOT In  the certificate required of the fire departer required by Chapter LOCAL LICEN	dividual Social	er 304 of the above named Acts of 2010.
DATE:  TELEPHONE NUMBER:  We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the helicense and (2) the certificate of liquor liability insurance  Please Check Below: APPROVED:  DISAPPROVED:	EMPLOYE (Note: NOT In  the certificate required of the fire departer required by Chapter LOCAL LICEN	dividual Social	er 304 of the above named Acts of 2010.



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 107800028		CITY OR TOWN	SAUGUS	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
	SAUGUS WINGS LL A HOOTERS RESTAU				
CITY/TOWN: SAU		STATE: MA	ZIP CODE:	01906	
MANAGER: DOV		OF LICENSE: Res		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		IAIL ADDRESS		
	LICENSED PREMISES , EXIT ON EAST SIDE		N NORTH SIDE. O	NE EXIT ON	WEST
2. the licens	yed license will be of the see has complied with all sees are now open for bus Individual, Partner or	laws of the Comn	nonwealth relating to		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are in d by the building inspe- certificate of liquor lial	ctor and the head	of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107800030		CITY OR TO	WN	SAUGUS	
APPLICATION FOR	R RENEWAL:	Annua	l LI	CEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	STAFF SGT ART	HUR F. DEFRA	ANZO			
DOING BUSINESS	A POST 2346 VFV	V, INC.				
ADDRESS 190 MA	IN ST.					
CITY/TOWN: SAU	JGUS	STATE:	MA ZIP COD	E:	01906	
MANAGER:	TY	PE OF LICENS	E: Veterans club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDRESS			
DESCRIPTION OF						
5000 sf entrance to r kitchen area to left o						
I hereby certify and s	swear under penaltie	s of perjury that				
1. the renew	ed license will be of	the same type f	or the same premises	now	licensed;	
2. the licens	ee has complied with	h all laws of the	Commonwealth rela	ting to	taxes; and	
3. the premi	ses are now open for	r business (If no	explain below)			
SIGNED BY:						
	Individual, Partne	r or Authorized	Corporate Officer			
DATE:	TELEPHO	NE NUMBER:			RIDENTIFICAT	
			(Note: <u>NC</u>	<u>) 1</u> Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	d by the building in	spector and the	(1) the certificate re head of the fire de nce required by Ch	parti	nent for the	above named
Please Check Below:	•	•			ING AUTHO	
APPROVED:			By:	والماتات	ING ACTIC	JKIT I
DISAPPROVED: [			J			
(If disapproved explain	ain)					
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 10/800031		CH	Y OR TOW	N SAUGUS	
APPLICATION FOR	RENEWAL:	Annua	1	LICE	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	SAUGUS-EVE	RETT LODGE #64	42 B.P.O.F	Ξ.		
DOING BUSINESS A	4					
ADDRESS 401 MAI	N ST.					
CITY/TOWN: SAU	GUS	STATE:	MA	ZIP CODE:	01906	
MANAGER: COH	EN, FRED	TYPE OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	LEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL A	DDRESS		_
DESCRIPTION OF I						
FIRST FLOOR-GAM SECOND FLOOR-H. SERVING AREA.						ROOOMS.
I hereby certify and sv	wear under penal	lties of perjury that:				
1. the renewe	d license will be	e of the same type for	or the same	e premises no	ow licensed;	
2. the license	e has complied v	with all laws of the	Commonw	ealth relating	g to taxes; and	
3. the premis	es are now open	for business (If not	explain be	elow)		
SIGNED BY:	Individual, Par	tner or Authorized (	Corporate	Officer		
DATE:	TELEPH	ONE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building	g inspector and the	head of t	he fire depa	rtment for the	above named
Please Check Below:			L	OCAL LICE	NSING AUTH	ORITY
APPROVED:	$\neg$		В	y:		
DISAPPROVED:	 in)					
(If disapproved explain	ш <i>)</i>		_			
			_			
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED	BY LICENSEES DURING	THE MONTH	OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10/8000	33	CITY OR TOWN SAUGUS		
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	2013	
	CLASS		YEAR	
LICENSEE NAME: AMERIC	CAN LEGION POST #210			
DOING BUSINESS A Cpl. Sc	ott J. Proccopio Post 210			
ADDRESS 44 TAYLOR STRE	EET			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906		
MANAGER: Judge, Frederic	k TYPE OF LICENSE: Ve	eterans club CATEGORY:	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
FIRST FLOOR-ONE ROOM,	KITCHEN AND COAT ROO!	M, SECOND FLOOR- ONE RO	OM	
I hereby certify and swear unde	r penalties of perjury that:			
1. the renewed license	will be of the same type for the	e same premises now licensed;		
2. the licensee has com	plied with all laws of the Com	monwealth relating to taxes; and		
3. the premises are nov	w open for business (If not exp	lain below)		
SIGNED BY:				
	al, Partner or Authorized Corp	orate Officer		
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:	
11	ELEFTIONE NUMBER.	(Note: NOT Individual Social Security Number)		
		ne certificate required by Chap d of the fire department for the		
		required by Chapter 116 of the		
Please Check Below:		LOCAL LICENSING AUTH	IORITY	
APPROVED:		By:	101411	
DISAPPROVED:		- <b>,</b> .		
(If disapproved explain)				
DATE:				



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 107800034		CI	TY OR TOWN	SAUGUS	
APPLICATION FO	R RENEWAL:	Annu	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME	: L & D BEVE	RAGE COMPANY	<b>r</b>			
DOING BUSINESS	SAL&DLIQU	JOR AND CONVE	NIENCE			
ADDRESS 120 BR	OADWAY					
CITY/TOWN: SA	UGUS	STATE:	MA	ZIP CODE:	01906	
MANAGER: LIU	, LAWRENCE	TYPE OF LICEN	SE:Packaş	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
2. the licen	E LARGE ROO swear under per wed license will see has complied	)M	for the sar e Common	wealth relating to		
SIGNED BY:	Individual, P	artner or Authorized	l Corporat	e Officer		
DATE:	TELEF	PHONE NUMBER:		EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp.	lain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:						



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800036		CITY OR TOWN	SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: SABINA ENTE	RPRISES, INC.			
DOING BUSINESS A CLIFTONDAL	E LIQUORS			
ADDRESS 7 ESSEX STREET				
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: CELANI, MARY T	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM FIRST FLOOR-ONE SALES ROOM A I hereby certify and swear under penalti 1. the renewed license will be a 2. the licensee has complied w 3. the premises are now open for	ies of perjury that: of the same type for the ith all laws of the Comm	same premises now		
SIGNED BY: Individual, Partr	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1078	00037		Cl	TY OR TOWN	SAUGUS	
APPLICATION FOR REN	EWAL:	Annı	ıal	LICEN	SED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME: NAS	TY NONNI'S	WINE & SPI	RITS, INC			
DOING BUSINESS A						
ADDRESS 321 MAIN ST						
CITY/TOWN: SAUGUS		STATE:	MA	ZIP CODE:	01906	
MANAGER: CONDE, D	ANIEL TYP	E OF LICEN	SE:Packaş	ge Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE.  DESCRIPTION OF LICEN	ALSO VISIT OUR WE		R YOUR EMAII	ADDRESS		
1. the renewed lice 2. the licensee has 3. the premises are  SIGNED BY: Indiv	complied with	all laws of th business (If n	e Common ot explain	wealth relating to		
DATE:	TELEPHONI	E NUMBER:		EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICENS By:	SING AUTHO	ORITY
DATE:						



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1078000	)41	CITY OR TOWN	SAUGUS	
APPLICATION FOR RENEW	Annual Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: GUY'S I DOING BUSINESS A GUY'S	_			
ADDRESS 7 MAIN ST				
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: BARBANTI, ANTHONY J	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		•
DESCRIPTION OF LICENSE	D PREMISES:			
FIRST FLOOR-4 ROOMS.				
2. the licensee has con	will be of the same type for the nplied with all laws of the Comwopen for business (If not exp	nmonwealth relating to		
Individu	ual, Partner or Authorized Corp	oorate Officer		
DATE: TI	ELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 107800042		CITY C	OR TOWN	SAUGUS	
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:		CLUB				
DOING BUSINESS ADDRESS 114 BAL						
CITY/TOWN: SAU		STATE: MA	ZID	CODE:	01906	
						A 11 A 1 1 1
MANAGER: DeFut	ria, Dante F JR T YPE	OF LICENSE: CIU	D		CATEGORY:	All Alconol
EMAIL ADDRESS:	N FACE ALCO VICIT OUD WED	CHEE AND ENGED VOLD EN	TAIL ADDDI	700		
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEB ICENSED PREMISE		IAIL ADDRI	£SS		
FIRST FLOOR; ONE CLUB MEETING RO AREA. OUTSIDE FE		STROOM, WRAP				
2. the license	ed license will be of the has complied with a es are now open for be Individual, Partner o	ll laws of the Commusiness (If not expla	nonwealt	th relating		
			Г			
DATE:	TELEPHONE	NUMBER:	(Ne		R IDENTIFICAT	
Acts of 2004, signed	l, attest that we are in by the building insp ertificate of liquor lia	ector and the head	of the f	ïre depart	tment for the	above named
Please Check Below:			LOCA	AL LICEN	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	$\neg$		By:			
(If disapproved explain	in)					
DATE						
DATE:						



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800044	(	CITY OR TOWN SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SAUGUS ITAL	IAN AMERICAN CLUB,	INC	
DOING BUSINESS A			
ADDRESS 1 BEACHVIEW AVE			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: NICOLO, GEORGE T A	YPE OF LICENSE:Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM			
FIRST FLOOR; FUNCTION ROOM A SECOND FLOOR; MEMBERS ROOM			•
I hereby certify and swear under penalt         1. the renewed license will be         2. the licensee has complied w         3. the premises are now open f	of the same type for the sa ith all laws of the Commo	nwealth relating to taxes; and	
SIGNED BY: Individual, Parti	ner or Authorized Corpora	te Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquo	inspector and the head o	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 107800047		CITY OR TOWN	SAUGUS	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	IE: BOSCY'S L	IQUORS, INC			
DOING BUSINE	SS A				
ADDRESS 216 B	BROADWAY				
CITY/TOWN: S	SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: L.	ANCACSTER, ARRY B.III	TYPE OF LICENSE: Pa	ackage Store Ca	ATEGORY: All Alcohol	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION (	OF LICENSED P	REMISES:			
one floor with two 5,900SQ. FT.	o entrances at fror	nt and one exit at rear with	storage, offices and b	oathrooms APPROX.	
	emises are now op	ed with all laws of the Content of t	lain below)	,	
DATE: TELEPHONE NU		PHONE NUMBER:	NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securi		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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# OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 10/800048		CITY OR TOWN SAUC	303
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
		OM CORPORATION DISCOUNT LIQUORS		
ADDRESS 20	6 LINCOLN AVE			
CITY/TOWN:	SAUGUS	STATE: MA	ZIP CODE: 0190	6
MANAGER:	PATEL, AMARATIAL	TYPE OF LICENSE:P	ackage Store CATEGO	PRY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE STORY	BUILDING TO INC	CLUDE DELI/ PACKAGE	E STORE.	
	premises are now op	pen for business (If not expenses) Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AND By:	UTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	/800049		CITY OR TOW	N SAUGUS	
APPLICATION FOR RE	NEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: MO	GA FOODS, INC.				
DOING BUSINESS A L	A VITA MIA				
ADDRESS 36 HAMILTO	ON ST				
CITY/TOWN: SAUGUS	S	STATE: MA	ZIP CODE:	01906	
MANAGER: DESIMO GAETAN	· · · · · · · · · · · · · · · · · · ·	F LICENSE: Res	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES:				
ONE FLOOR W/ DININ	G ROOM, SERVICE	E AREA, BATHR	OOMS AND K	ITCHEN.	
I hereby certify and swear	r under penalties of p	erjury that:			
1. the renewed li	cense will be of the s	ame type for the	same premises n	ow licensed;	
2. the licensee ha	as complied with all la	aws of the Comm	onwealth relatin	g to taxes; and	
3. the premises a	re now open for busin	ness (If not expla	in below)		
SIGNED BY:					
	dividual, Partner or A	authorized Corpor	rate Officer		
DATE:	TELEPHONE N	IMRFR.	EMPLO'	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELI HONE IV	SWIBER.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, at					
Acts of 2004, signed by license and (2) the certi-					
Please Check Below:	-	•			
APPROVED:				NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
• /					
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 107800052		CITY OR TOWN SAUGUS	
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	PERSONAL CHE	F CO, INC		
DOING BUSINESS	A			
ADDRESS 124 BRO	DADWAY			
CITY/TOWN: SAU	JGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: VEN	TOLA, DAVID TY	PE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF				
2425SQFT STREET RESTROOMS. FRC			LL. KITCHEN/PREP/ STORAG	GE, 2
2. the licens	red license will be of ee has complied with	the same type for the	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY:	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA  (Note: NOT Individual Social S	
Acts of 2004, signed	d by the building in	spector and the head	e certificate required by Chapt of the fire department for the equired by Chapter 116 of the	above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [ (If disapproved explain	ain)			
•				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 10/800055		CITY OR TOW	N SAUGUS	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: CAFFE DI CAL	ABRIA, INC.			
DOING BUSINESS	S A CAFFE DI CAI	LABRIA			
ADDRESS 184 BR	OADWAY				
CITY/TOWN: SA	UGUS	STATE: MA	ZIP CODE:	01906	
	RDIGLIONE, T'RMELLA	YPE OF LICENSE:Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
	-	th all laws of the Comi or business (If not expl		g to taxes; and	
BIGINED BT.	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	ed by the building i	re in possession (1) th nspector and the head or liability insurance r	d of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(II disappioved expl	iaiii <i>)</i>				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 10/800055		CITY OR TOWN SAUGUS		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013	
		CLASS		YEAR	
LICENSEE NA	AME: ANGELA'S CO	AL FIRED PIZZA LLC			
DOING BUSI	NESS A				
ADDRESS 890	0 BROADWAY				
CITY/TOWN:	SAUGUS	STATE: MA	ZIP CODE: 01906		
MANAGER:	GUEVARA, ALFONSO	ΓΥΡΕ OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_	
DESCRIPTION	N OF LICENSED PREI	MISES:			
			N FRONT AND TWO OTHER I LUDE OUTDOOR SEATING	MEANS	
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises now licensed;		
2. the	licensee has complied w	with all laws of the Com	monwealth relating to taxes; and		
3. the	premises are now open	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social S	Security Number)	
Acts of 2004,	signed by the building	inspector and the head	ne certificate required by Chapt d of the fire department for the required by Chapter 116 of the	above named	
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTH	ORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ı expiain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED F	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)	



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800057	CITY O	R TOWN S	AUGUS
APPLICATION FOR RENEWAL: Ar	nnual	LICENSE	D FOR 2013
CI	LASS		YEAR
LICENSEE NAME: CARMALENO LLC			
DOING BUSINESS A CARMALENO'S PUSHCAR	RT RESTAURANT	1	
ADDRESS 331 MAIN STREET			
CITY/TOWN: SAUGUS STATE	E: MA ZIP	CODE:	01906
MANAGER: RUOCCO, JOSEPH TYPE OF LICE	ENSE:Restaurant	CAT	EGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRES	SS	
DESCRIPTION OF LICENSED PREMISES:			
2400 S.F. OF SPACE CONSISTING OF 820 S.F. OF BATHROOMS, KITCHEN, BAR, STORAGE, 1 FRENTRANCE AND EXITSEATING CAPACITY	ONT ENTRANCE		
I hereby certify and swear under penalties of perjury	that:		
1. the renewed license will be of the same ty	pe for the same pre-	mises now lic	eensed;
2. the licensee has complied with all laws of	the Commonwealth	relating to ta	axes: and
-	the Commonweam	U	
3. the premises are now open for business (I		_	
_	f not explain below	)	
3. the premises are now open for business (In SIGNED BY:	f not explain below	)	
3. the premises are now open for business (In SIGNED BY:	r not explain below zed Corporate Offic R:	cer EMPLOYER ID	DENTIFICATION NUMBER: dual Social Security Number)
3. the premises are now open for business (In SIGNED BY:  Individual, Partner or Authority (In State of State o	zed Corporate Office R: (No	EMPLOYER ID te: NOT Individ	DENTIFICATION NUMBER: dual Social Security Number) by Chapter 304 of the nt for the above named
3. the premises are now open for business (Individual, Partner or Authority Individual, Partner or Authority DATE:  TELEPHONE NUMBER Acts of 2004, signed by the building inspector and	r not explain below zed Corporate Office R: (Notion (1) the certifical the head of the fisurance required by	EMPLOYER ID te: NOT Individ ate required re departme oy Chapter 1	DENTIFICATION NUMBER: dual Social Security Number) by Chapter 304 of the nt for the above named
3. the premises are now open for business (Individual, Partner or Authority Individual, Partner or Authority DATE:  TELEPHONE NUMBER Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability insupersections.  Please Check Below:  APPROVED:	r not explain below zed Corporate Office R: (Notion (1) the certifical the head of the fisurance required by	EMPLOYER ID te: NOT Individ ate required re departme oy Chapter 1	DENTIFICATION NUMBER: dual Social Security Number)  by Chapter 304 of the nt for the above named 16 of the Acts of 2010.
3. the premises are now open for business (Individual, Partner or Authority Individual, Partner or Authority DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability instances. APPROVED:  DISAPPROVED:	R: (No ton (1) the certifical the head of the fi surance required to	EMPLOYER ID te: NOT Individ ate required re departme oy Chapter 1	DENTIFICATION NUMBER: dual Social Security Number)  by Chapter 304 of the nt for the above named 16 of the Acts of 2010.
3. the premises are now open for business (Individual, Partner or Authority Individual, Partner or Authority DATE:  TELEPHONE NUMBER Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability insupersections.  Please Check Below:  APPROVED:	R: (No ton (1) the certifical the head of the fi surance required to	EMPLOYER ID te: NOT Individ ate required re departme oy Chapter 1	DENTIFICATION NUMBER: dual Social Security Number)  by Chapter 304 of the nt for the above named 16 of the Acts of 2010.
3. the premises are now open for business (Individual, Partner or Authority Individual, Partner or Authority DATE:  TELEPHONE NUMBE  We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and license and (2) the certificate of liquor liability instances. APPROVED:  DISAPPROVED:	R: (No ton (1) the certifical the head of the fi surance required to	EMPLOYER ID te: NOT Individ ate required re departme oy Chapter 1	DENTIFICATION NUMBER: dual Social Security Number)  by Chapter 304 of the nt for the above named 16 of the Acts of 2010.



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800058		CITY OR TOWN	SAUGUS	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TOKYO II ST	ΓΕΑΚ HOUSE INC.			
DOING BUSINESS A TOKYO JA	PANESE STEAKHOUSE	3		
ADDRESS 1201 BROADWAY				
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: LIU, YAO MEI	TYPE OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PR	EMISES:			
GROUND FLOOR RESTAURANT	WITH FRONT AND RE	EAR EXITS		
2. the licensee has complied 3. the premises are now ope  SIGNED BY:	en for business (If not expl	ain below)	o taxes; and	
Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
We the undersigned, attest that w Acts of 2004, signed by the buildin license and (2) the certificate of license	ng inspector and the hea	d of the fire departr	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(ii disapproved explain)				
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 107800059		CITY OR TOWN	SAUGUS	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	J & J BUFFET, INC				
DOING BUSINESS	A CHINA BUFFET				
ADDRESS 180 MA	IN STREET				
CITY/TOWN: SAI	UGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: LIN,	, XIN TYPE	OF LICENSE:Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR F	MAIL ADDRESS		_
	LICENSED PREMISES				
BUFFET RESTAUI	RANT WITH SEATING	ONE FRONT	ENTRANCE AND T	TWO NBAC	K EXITS
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	e same premises now	licensed;	
	see has complied with all		•	taxes; and	
3. the premi	ises are now open for bus	siness (If not expl	lain below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe- certificate of liquor lial	ctor and the hea	d of the fire departr	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expl	ain)				
DATE:			-		



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800060		CITY OR TOWN SAUGUS	3
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: AUNG MY DOING BUSINESS A OKASAN ADDRESS 124 C BROADWAY			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE: 01906	
MANAGER: TUN, AUNG MYINT	TYPE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED I			
PREMISES CONSISTING OF 10 EXITSEATING CAPACITY 1		E ENTRANCE AND ONE	
3. the premises are now of SIGNED BY:	pen for business (If not explanation) Partner or Authorized Corpo		1
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ding inspector and the head	d of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800061	CITY OR TOWN SAUGUS
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: HAMMERSMITH FAMILY RES	STAURANT, INC.
DOING BUSINESS A	
ADDRESS 330	
CITY/TOWN: SAUGUS STATE:	MA ZIP CODE: 01906
MANAGER: POLITIS, PETER TYPE OF LICENS	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FLOOR PLAN AS SUBMITTED	
I hereby certify and swear under penalties of perjury that	
<ol> <li>the renewed license will be of the same type f</li> <li>the licensee has complied with all laws of the</li> </ol>	_
3. the premises are now open for business (If no	•
5. the premises are now open for business (if no	c capiani below)
SIGNED BY:	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
We the undersigned, attest that we are in possession	(1) the certificate required by Chapter 304 of the
Acts of 2004, signed by the building inspector and th	e head of the fire department for the above named
license and (2) the certificate of liquor liability insura	ance required by Chapter 116 of the Acts of 2010.
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(II disappioved explain)	
(II disappioved explain)	



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 107800062		CITY OR TOWN	SAUGUS	
APPLICATION FOR RENEWAL	.: Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: J.PACE & S	SON DOWNTOWN, INC			
DOING BUSINESS A ROSARIA	\'S			
ADDRESS 190 :B" MAIN STRE	ET			
CITY/TOWN: SAUGUS	STATE: MA	ZIP CODE:	01906	
MANAGER: PACE, JOSEPH	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED F SECOND FLOOR RESTAURAN ENTRANCE AND EXITS ON BO I hereby certify and swear under po  1. the renewed license wil 2. the licensee has compli 3. the premises are now of SIGNED BY:	T/FUNCTION HALL: 232 I OTH SIDES OF KITHCEN 2	REST ROOMS AT 1 232 CAPACITY same premises now nonwealth relating to tin below)	licensed;	SIDE;
DATE: TELE	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ling inspector and the head	of the fire departr	nent for the a	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				